

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039676

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

267

STATE FILE NUMBER

FILED OCT 21 1963

## 1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Clinton

Length of stay in lb  
14 HRS.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Clinton General

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Henry

c. CITY OR TOWN Leesville Twps

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
Clinton RR#2

Reside on Farm  
Yes ☒ No ☐

## 3. NAME OF DECEASED

First

Middle

Last

Lavon

Eisel

4. DATE OF DEATH  
Month Day Year  
October 16, 1963

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
Oct 15, 63

9. AGE (last birthday)  
14 HRS.

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
None

10b. KIND OF BUSINESS OR INDUSTRY  
None

11. BIRTHPLACE (City and state or country)  
Clinton, Missouri

12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Lewie Eisel

## 13b. MOTHER'S MAIDEN NAME

Marion Frances Richmond

## 14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

17. INFORMANT  
Lewie Eisel, Leesville, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Bilateral atelectasis

INTERVAL BETWEEN ONSET AND DEATH  
14 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Prematurity

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour s.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-15-63 to 10-16-63 and last saw him alive on 10-16-63  
Death occurred at 6 A m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Hugh B. Walker, MD

## 22b. ADDRESS

Clinton, Mo

## 22c. DATE SIGNED

10-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

## 23b. DATE

Oct 18, 63

## 23c. NAME OF CEMETERY OR CREMATORY

Tebo

## 23d. LOCATION (City, town, or county)

Henry Co. Missouri

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Consalus

Clinton, Mo.

## 25. DATE RECD. BY LOCAL REG.

Oct. 18, 1963

## 26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1 0425

2 0420

3

4 1

5 0

6

7 0

8 2

9 762.5

10

11

12 1-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Not Embalmed*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.

2540  
14201  
1002  
1-1

Permit Obtained. 10-18-63

(1113)